

# STATEMENT OF ECONOMIC INTERESTS

Date Received  
Official Use Only

## COVER PAGE

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Carlisle	David	Murray	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
OPTIONAL: FAX / E-MAIL ADDRESS			

### 1. Office, Agency, or Court

Name of Office, Agency, or Court:

Office of Statewide Health Planning & Development

Division, Board, District, if applicable:

Director's Office

Your Position:

Director

⇒ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

### 2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

### 3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate

### 4. Schedule Summary

⇒ Total number of pages including this cover page: 2

⇒ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached

Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached

Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached

Real Property

Schedule C ☒ Yes – schedule attached

Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached

Income – Gifts

Schedule E ☐ Yes – schedule attached

Income – Travel Payments

-or-

☐ No reportable interests on any schedule

### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>David Carlisle</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>University of California, Los Angeles</u>	NAME OF SOURCE OF INCOME <u>Health Net of California</u>
ADDRESS <u>911 Broxton Plaza, Los Angeles, CA 90095-1736</u>	ADDRESS <u>21281 Burbank Blvd., Woodland Hills, CA 91367</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Associate Professor/General Internal Medicine</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u></u>
YOUR BUSINESS POSITION <u>Associate Professor on Leave</u>	YOUR BUSINESS POSITION <u>Regional Medical Director</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;">(Property, car, boat, etc.)</span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(Describe)</span>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;">(Property, car, boat, etc.)</span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(Describe)</span>

2. LOAN RECEIVED		
<p>* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:</p>		
NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Real Property _____ <span style="margin-left: 150px;">Street address</span> _____ <span style="margin-left: 150px;">City</span> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;">(Describe)</span>	

Comments: \_\_\_\_\_